Dear DCC,
Please see attached for public comment for today's meeting.
Thank you,

In good health,

Sherry Yafai, MD
Medical Director at The ReLeaf Institute
Board Certified Emergency Medicine Physician
Board of Directors, *Society of Cannabis Clinicians*

In Emergency Medicine News: "The Case for Cannabis"
Watch here on Amazon Prime

Medical Course *by Dr. Yafai:* Explore My Education Course On "Cannabis & Chronic Pain" Here

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February 13, 2023

List of Priorities for the DCC Medical Subcommittee:

1. Medical Physician Education – without an education physician group, how can we expect patients to get any knowledge except from the internet, word of mouth, or their local untrained budtender (which they are technically not permitted to do).
    a. For example, currently in California there is no medical education for physicians, nor any requirements for physicians who recommend cannabis.
        i. Not in medical school
        ii. Not in residency
        iii. Not CME's
    b. This board should also serve as a leader for policy to be related or created to assist the AMA (American Medical Association) and CMA (California Medical Association). For example, to relate policies such as Ryan's Law to these large medical organizations to disseminate.
        i. Communication with our national physicians/clinician society – the Society of Cannabis Clinicians, to help facilitate CME and medical education for clinicians.
        ii. Organizationally, the lack of a unified group from the state leads to mis-information that creates further confusion around the medical use of cannabis. Leading to poor patient care in the medical field.
    c. Education for patients – should be done by physicians as well. A recent study showed greater than 1000% increase in elderly overdose of cannabis coming in to the Emergency Department.
2. Taxation, without representation: Specifically, under the current system we are penalizing medical patients with a high tax burden on their monthly necessary medications. Medical patients are our most vulnerable, financially sensitive patients with large medical bills, who are often disabled and unable to attend policy meetings. They are reliant on the physician community to bring medical attention to governmental bodies on their behalf
    a. Taxes – prescription medications are at ZERO tax
    b. Access – Medical products (think products that are not aimed at getting you "high") are often poor sellers at the dispensary and therefore not renewed and patients with need are left to search multiple dispensaries, drive further to access medication.
        i. For example, Medications are high CBD concentrations, sugar-free products, ratio medications

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   c. Multiple hoops to jump which are both financially oppressive, physically restrictive, and time consuming to get to public health office and double pay doctor and public health fees to obtain a 1 year MMIC card.
   d. There is no governmental body to which these objections/issues can be raised. Nor anyone who is reviewing the number of medical patients/overseeing the public health offices' use of MMIC – which is dismal.
3. Patient Needs: Specifically, at the school and nursing home level. These are government funded bodies that will not allow the use of Cannabis medication for patients without specific instruction from the state. Patients as a result have poor outcomes due to lack of medication administration.
4. Public Health Crises as they relate to cannabis – for example 2019-2020's EVALI crisis.
5. To work alongside the Medical Board of California, the Osteopathic Board of California and the Veterinary Board of California to help with policies surrounding cannabis recommendation. Furthermore, to ensure that policies that already are in place are enforced. Such as Physicians are mandated to be the primary owner of healthcare businesses, as is applicable to the current illegal recommendation mills that abound in the state.
6. Budtender and MMR (Medical Marijuana Recommendation) or "verification" systems – should be statewide and uniform.
   a. Currently the cost is $250/month for verification systems that mostly are used by the rec mills and are not uniform with typical physician recommending habits. This results in oncologists, geriatricians, and pediatricians being unable to participate in recommending cannabis for medical purposes. Again creating a further challenge to accessing medications for patients.
7. Having access to more specific cannabinoids/terpene mixtures lab reports for medical products.

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